IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE	: 06/21/2004			CHECKWRITE SUMMARY REPORT SECKWRITE DATE: 06/22/2004				
			C.	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOHEEK	PROVIDER NAME	2020	DIMITIES	DADONAL LON	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	3550	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8931	494	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	494	RVICES IN IPRS.	731	4985	6001	698
		8599	358	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404902	BLUE RIDGE COMM	8505	3587	CLAIM DENIED DUE TO INSUFFICIE				
	UNITY			NT BUDGET				
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	3741	3745	4
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	 			
		5404	31	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404904		8599	164	DETAIL NOT COVERED BY COMBINAT	1			1
J4045U4	WESTERN HIGHLAN DS LME	0333		ION OF RECIPIENT, PROVIDER AND	 			
	DS LME			BENEFIT PACKAGE.				
		8505	110	CLAIM DENIED DUE TO INSUFFICIE	70	460	535	7.5
				NT BUDGET				
		8000	77	NO RATE AVAILABLE ON FILE TO P				
		0000		RICE THIS CLAIM DETAIL				
3404905	TREND COMM MENT	8505	581	CLAIM DENIED DUE TO INSUFFICIE				
	AL HLTH CTR			NT BUDGET				
		21	176	DUPLICATE OF CLAIM-SYSTEM	0	970	1079	109
						310	1079	103
		8599	111	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENELL LICEUDE.				
3404907	RUTHERFORD-POLK	8599	19	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	17	DUDITORE OF CLAIM-CYCERY				
		2.1	17	DUPLICATE OF CLAIM-SYSTEM	0	36	46	10
					 			
					1			
3404910	PATHWAYS	8505	7770	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	1107	FURTHER PROCESSING NECESSARY,	 			
			**	PLEASE CHECK FOR CLAIM ON	0	9049	9211	162
				FUTURE RA'S.				
		8599	158	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFIT PACKAGE.	 			-
3404912	CATAWBA COUNTYM	8505	1590	CLAIM DENIED DUE TO INSUFFICIE	 			
	ENTAL HEALT			NT BUDGET				
		11	81	CLIENT NOT ELIGIBLE ON SERVICE	13	1712	1958	246
				DATE	1			
					 			
		8599	23	DETAIL NOT COVERED BY COMBINAT	 			
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1	-	1	1			1

		HTON DENTAL	WINDER OF				TOTAL	TOTAL
PROVIDER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	LUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913		8505	24796	CLAIM DENIED DUE TO INSUFFICIE				
	MECKLENBURG COM			NT BUDGET				
	ENTAL HEALT							
		8800	5740	FURTHER PROCESSING NECESSARY,	1123	40412	43390	297
				PLEASE CHECK FOR CLAIM ON		.,,,,,		
				FUTURE RA'S.				
		8599	3698	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8000	267	NO RATE AVAILABLE ON FILE TO P				
	VIORAL HEAL			RICE THIS CLAIM DETAIL				
		0505	200	CLAIM DENIED DUE TO INSUFFICIE				
		8505	266	NT BUDGET	13	869	3331	246
				11 202021				
		21	129	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM	8505	13974	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	575	DETAIL NOT COVERED BY COMBINAT	143	15522	15567	4
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			404					
		8800	481	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA 3.				
3404918	DOGETHOUSE GO M	8505	1070	CLAIM DENIED DUE TO INSUFFICIE				
	ROCKINGHAM CO M			NT BUDGET				
	ENTAL HEALT							
		11	147	CLIENT NOT ELIGIBLE ON SERVICE	23	1324	1636	31
				DATE	23	1324	1030	31
		8599	46	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN	8505	6684	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		0000	E1.2	THERETON DECORDS AND ADDRESS BY				
		8800	513	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	171	7792	11263	347
				FUTURE RA'S.				
				TOTAL IN U.				
		8599	248	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				†	1			
3404920	ALAMANCE CASWEL	8505	17752	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8800	658	FURTHER PROCESSING NECESSARY,	14	19029	19235	20
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	1	0.500	246	DEED TO NOT COMPAND BY COMPAND	1			
		8599	246	DETAIL NOT COVERED BY COMBINAT	1			
	1			ION OF RECIPIENT, PROVIDER AND	1			
	+			BENEFIT PACKAGE.	1			-
3404921	ORANGE PERSON C	8505	5793	CLAIM DENIED DUE TO INSUFFICIE	+			-
3404321		0303	5755	NT BUDGET				
	HATHAM AREA	-			1		1	
	+				1			
	+	8517	1479	CLAIMS DENIED, SUBMITTED BEYON		44000	40040	004
		- 1	-	D FILING TIMELIMIT. JULY	23	11099	13340	224
				THROUGH APRIL DOS MUST BE SUBM	1			
	+	8800	1402	FURTHER PROCESSING NECESSARY,	†			
				PLEASE CHECK FOR CLAIM ON				
	_				1			-
				FUTURE RA'S.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	
3404923	VGFW AREA AUTHO	21	455	DUPLICATE OF CLAIM-SYSTEM				
	RITY							
		8505	141	CLAIM DENIED DUE TO INSUFFICIE	0	696	734	38
				NT BUDGET				
		8599	44	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404924	DIFIMONE AREA M	8326	2	ATTENDING PROVIDER NUMBER IS R				
	PIEDMONT AREA M			EQUIRED WHEN BILLED WITH GROUP				
 	H/DD/SAS	1	1	NUMBER. ADD ATTENDING NUMBER A			1	-
-			-					-
	+	0	0					
 	1	~	~		0	2	2	0
ļ				1				
04040		0505	4504					
3404925	SANDHILLS CENTE	8505	4591	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	548	FURTHER PROCESSING NECESSARY,	80	5804	7656	1852
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	325	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
l				BENEFIT PACKAGE.				
3404926		8505	10093	CLAIM DENIED DUE TO INSUFFICIE				
3404520	SOUTHEASTERN RE	0303	10055	NT BUDGET				
	G MENTAL HL			N1 200021				
-								
		04	200	DUDY TONDS OF OUNTY OVORDY				
		21	299	DUPLICATE OF CLAIM-SYSTEM	139	11288	12150	862
		11	281	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
				DATE				
				DATE				
3404927	CUMBERLAND CO M	8505	606	DATE CLAIM DENIED DUE TO INSUFFICIE				
3404927	CUMBERLAND CO M	8505	606	CLAIM DENIED DUE TO INSUFFICIE				
3404927	CUMBERLAND CO M	8505	606					
3404927		8505	606	CLAIM DENIED DUE TO INSUFFICIE				
3404927				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404927		8505	606	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	4	818	1342	524
3404927				CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	4	818	1342	524
3404927				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	4	818	1342	524
3404927		8599	91	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.	4	818	1342	524
3404927				CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY,	4	818	1342	524
3404927		8599	91	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET OFFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	4	818	1342	524
3404927		8599	91	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY,	4	818	1342	524
	BC	8599	91	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	818	1342	524
3404927	HC	8599	91	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OBTAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	4	818	1342	524
	BC	8599	91	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	818	1342	524
	HC	8599	91	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OBTAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	4	818	1342	524
	HC	8599	91 67 67 1470	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. CLAIM DENNED DUE TO INSUFFICIE NT BUDGET	4	818	1342	524
	HC	8599	91	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OBTAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	4	818		
	HC	8599 8800 8505	91 67 67 1470	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. CLAIM DENNED DUE TO INSUFFICIE NT BUDGET	4			
	HC	8599 8800 8505	91 67 67 1470	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. CLAIM DENNED DUE TO INSUFFICIE NT BUDGET	4			
	HC	8599 8800 8505	91 67 67 1470	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. CLAIM DENNED DUE TO INSUFFICIE NT BUDGET	4			
	HC	8599 8800 8505	91 67 67 1470	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. CLAIM DENNED DUE TO INSUFFICIE NT BUDGET	4			
	HC	8599 8800 8505	91 67 67 421	CLAIM DENTED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENTED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0			
	HC	8599 8800 8505	91 67 67 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND RENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0			
	HC	8599 8800 8505	91 67 67 421	CLAIM DENTED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENTED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0			
3404929	HC LEE HARNETT MH/ DD/SAS	8599 8800 8505 21	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENSFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505	91 67 67 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0			
3404929	HC LEE HARNETT MH/ DD/SAS	8599 8800 8505 21	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENSFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0			
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 8599	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. FURTHER PROCESSING NECESSARY,	0	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	0		3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 8599	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET GETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND RENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0 0 203	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 8599	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	0	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 8599	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET GETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND RENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0 0 203	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 8599	91 67 1470 421	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET GETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND RENEFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0	2201	3458	
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 21 8599 89931	91 67 1470 421 182	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENSFIT FACKAGE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.	0	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 21 8599 89931	91 67 1470 421 182	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROFESSING NECESSARY, FURTHER PROFESSION NECESSARY, FUR	0 203	2201	3458	1257
3404929	BC LEE HARNETT MH/ DD/SAS JOHNSTON COUNTY	8599 8800 8505 21 21 8599 89931	91 67 1470 421 182	CLAIM DENIED DUE TO INSUFFICIE NT SUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER PROFESSING NECESSARY, FURTHER PROFESSION NECESSARY, FUR	0 0 203	2201	3458	1257

'		7						
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	1000	DENTITED	DAIGULA 120M	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAVE OF THE OW	8505	1440	CLAIM DENIED DUE TO INSUFFICIE				
	WAKE CO HUM SVC BILLING OF	-		NT BUDGET				
	BILLING OF	+						
		1						
		8599	1006	DETAIL NOT COVERED BY COMBINAT	290	3291	10266	693
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	254	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	RANDOLPH/SANDHI	8505	902	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
		8526	202	CLAIM DENIED, UNITS BILLED MUS		4.450	4500	13
			101	T BE GREATER THAN ZERO	32	1450	1583	1.5
		+	-					
		+	-					
		8800	163	FURTHER PROCESSING NECESSARY,				
		+		PLEASE CHECK FOR CLAIM ON				
		1		FUTURE RA'S.				
		1						
3404933	SOUTHEASTERN CT	8505	810	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD	1		NT BUDGET				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE	0	948	971	2
				DATE				
		8800	62	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
			ļ	FUTURE RA'S.				
2404024		0505	107	OLATA DENTED DVID DO TROUBBLOTE				
3404934	ONSLOW COUNTY B	8505	197	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	EHAVIORAL H			NI BODGEI				
		+						
		8800	104	FURTHER PROCESSING NECESSARY,	2	449	1061	61:
		-		PLEASE CHECK FOR CLAIM ON	3	449	1001	01.
		-		FUTURE RA'S.				
		+						
		8599	84	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M		76	DUPLICATE OF CLAIM-SYSTEM				
		21						
	ENTAL HEALT	21						
	ENTAL HEALT	21						
	ENTAL HEALT		E2					
	ENTAL HEALT	8621	52	60 RESIDENTIAL LEVEL III TREAT	58	261	928	66
	ENTAL HEALT		52	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	58	261	928	66
	ENTAL HEALT		52	60 RESIDENTIAL LEVEL III TREAT	58	261	928	66
	ENTAL HEALT	8621		60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	58	261	928	66'
	ENTAL HEALT		52	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN	58	261	928	66'
	ENTAL HEALT	8621		60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	58	261	928	66
	ENTAL HEALT	8621		60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	58	261	928	66'
3404937		8621		60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	58	261	928	66
	EDGECOMBE NASH	8621	30	60 RESIDENTIAL LEVEL III TREAT NEMT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM	58	261	928	66
		8621	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE	58	261	928	66
	EDGECOMBE NASH	8621	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	58	261	928	66
	EDGECOMBE NASH	8621	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE	58	261		
	EDGECOMBE NASH	8621 120 8505	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	EDGECOMBE NASH	8621 120 8505	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	EDGECOMBE NASH	8621 120 8505	30 1648 241	60 RESIDENTIAL LEVEL III TREAT NENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM				
	EDGECOMBE NASH	8621 120 8505	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUFLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT				
	EDGECOMBE NASH	8621 120 8505	30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	EDGECOMBE NASH	8621 120 8505	30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUFLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT				
	EDGECOMBE NASH	8621 120 8505 21	30 30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGUIRD FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM SENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505	30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICE				
3404938	EDGECOMBE NASH	8621 120 8505 21	30 30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGUIRD FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM SENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21	30 30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICE				
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21 8599	241 241 242	60 RESIDENTIAL LEVEL III TREAT NEMY RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		2604	2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21	30 30 1648 241	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUMMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21 8599	241 241 242	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		2604	2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21 8599	241 241 242	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUMMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		2604	2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8505 21 8599 8599	30 1648 241 233 4402	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE.		2604	2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8621 120 8505 21 8599	241 241 242	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.		2604	2798	19
3404938	EDGECOMBE NASH MOTEL HETH C	8505 21 8599 8599	30 1648 241 233 4402	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REGULTED FOR ADDITIONAL SERVICE. CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE.		2604	2798	19

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8505	1151	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8800	640	FURTHER PROCESSING NECESSARY,	8	2605	3927	1322
				PLEASE CHECK FOR CLAIM ON		2003	3321	1322
				FUTURE RA'S.				
		8599	341	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		8505	2299	CLAIM DENIED DUE TO INSUFFICIE				
	PITT CO MH/DD/S AS CENTER			NT BUDGET				
		8599	518	DETAIL NOT COVERED BY COMBINAT	71	3080	6068	2988
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	66	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					1			
3404942	ROANOKE CHOWANH	8505	905	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		11	22	OLITHAN NOR BLIGING ON STREET				
		11	1.1	CLIENT NOT ELIGIBLE ON SERVICE DATE	14	1137	1904	767
<u> </u>	1	+			-			
		1	1		—			
		143	58	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404943	ALBEMARLE MENTA	8505	617	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8800	46	FURTHER PROCESSING NECESSARY,	31	790	1327	537
				PLEASE CHECK FOR CLAIM ON	31	730	1327	337
				FUTURE RA'S.				
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404944		8505	2302	CLAIM DENIED DUE TO INSUFFICIE				
3404944	EASTPOINTE HUMA	8303	2302	NT BUDGET				
	N SERVICES			NI BODGEI				
		120	465	CLIENT ID NUMBER MISSING OR IN	155	3574	5370	1796
		120	465	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	155	3574	5370	1796
		120	465		155	3574	5370	1796
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	155	3574	5370	1796
		120	465	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY,	155	3574	5370	1796
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	155	3574	5370	1796
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY,	155	3574	5370	1796
2404046		8800	422	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	155	3574	5370	1796
3404946	FOOTHILLS AREAM			VALID, ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	155	3574	5370	1796
3404946	FOOTHILLS AREAM ENTAL HEALT	8800	422	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	155	3574	5370	1796
3404946		8800	422	VALID, ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	155	3574	5370	1796
3404946		8800	422	VALID, ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE				
3404946		8800	422	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	155	3574	5370	1796
3404946		8800	422	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404946		8500 8505	6571	VALID, ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING INCESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM				
3404946		8800	422	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FUREASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P				
3404946		8500 8505	6571	VALID, ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING INCESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM				
3404946		8500 8505	6571	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FUREASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P				
3404946		8500 8505	6571	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT	8505 8505 21	422 6571 3690	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	ENTAL HEALT	8505 8505 21	422 6571 3690	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT	8505 8505 21 8600	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO BATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	47	13308	13683	
	ENTAL HEALT	8505 8505 21	422 6571 3690	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET THE TO PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY,			13683	
	ENTAL HEALT	8505 8505 21 8600	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO BATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	47	13308	13683	
	ENTAL HEALT	8505 8505 21 8600	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NE BUDGET TURNER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	47	13308	13683	
	ENTAL HEALT	8505 8505 21 8600	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RAYALLABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	47	13308	13683	
	ENTAL HEALT	8800 8505 21 8000 8505	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NO PATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND	47	13308	13683	
	ENTAL HEALT	8800 8505 21 8000 8505	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RAYALLABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN	8800 8505 21 8000 8505	422 6571 3690 1096	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NO PATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	TIDELAND MENTAL HEALTH CTA DAVIDSON CO MEN TAL HITR CT	8800 8505 21 8000 8505	422 6571 3690 1096	VALID RYTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT FACKAGE.	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8800 8505 21 8000 8505 8800	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET THE TOP THE TOP TO THE TOP TOP TO THE TOP TOP TO THE TOP TO THE TOP TOP TO THE TOP TO THE TOP TO THE	47	13308	13683	
3404957	TIDELAND MENTAL HEALTH CTA DAVIDSON CO MEN TAL HITR CT	8800 8505 21 8000 8505 8800	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET THE TOP THE TOP TO THE TOP TOP TO THE TOP TOP TO THE TOP TO THE TOP TOP TO THE TOP TO THE TOP TO THE	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8505 21 8000 8505 8800 8599 0	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. *** NO DATA TO REFORT *** DUPLICATE OF CLAIM-SYSTEM	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8800 8505 21 8000 8505 8800	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CRECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RAYALLABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DUPLICATE OF CLAIM-SYSTEM	47	13308	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8505 21 8000 8505 8800 8599 0	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. *** NO DATA TO REFORT *** DUPLICATE OF CLAIM-SYSTEM	47	1416	13683	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8505 21 8000 8505 8800 8599 0	422 6571 3690 1096 1272 50 0	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM FURTHER PROCESSING NECESSARY, FLEASE CRECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET GUPLICATE OF CLAIM-SYSTEM NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RAYALLABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DUPLICATE OF CLAIM-SYSTEM	47	1416	13683	

	8800	1274	FURTHER PROCESSING NECESSARY,		
			PLEASE CHECK FOR CLAIM ON		
			FUTURE RA'S.		